Name in Full: Edilia Adams

CERTIFICATE OF DEATH

MARYLAND

Died at: Easton (Town) — Talbot (County)

Date of death: 1904 — Month: Apr — Day: 24 — Age: Years: 64 — Months — Days

Sex: M — Color or Race: Blk — Birthplace: Cowlin Co, Md

Occupation: Laborer — Where Residing if not at place of death: Cowlin Co., Md

Married, Single or Widowed: Married — Name of Wife or Husband: Gertrude Adams

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Edw. Holmes 12/- — How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enlargement of Prostate — How long: 5 m

Immediate: Uremic Poisons — How long: 1 month

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jas Thomas

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A6881G

Name in Full: Hilda Virginia Askins

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: St. Michaels — County: Talbot

Date of death: Month: April — Day: 23 — 1904 — Age: Years: 17 — Months: 03 — Days: 0

Sex: Female — Color or Race: Negro — Birthplace: St. Michaels

Occupation: None. — Where Residing if not at place of death: St. Michaels

Married, Single or Widowed — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George Askins — Father's Birthplace: St Michaels

Mother's Maiden Name: Celina Dennis — Mother's Birthplace: St Michaels

Name of person giving Imformation: Celina Askins — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Consumption — How long: 1 Year

Immediate: Exhaustion — How long: 2 months

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: F. Mc. Eccles.

Address: St Michaels Md.

Accident or Suicide?

LIBRARY BUREAU Aaa316

Name in Full: Samuel Josiah Bantow

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died near Town: Trappe | County: Talbot

Date of death 1904: Month 4 | Day 8

Age: Years 36 | Months — | Days —

Sex: Male | Color or Race: Black | Birthplace: Talbot Co. Md.

Married, Single or Widowed: Single | Occupation: Laborer

Name of Wife or Husband:

Father's Name: Isaac Bantow | Father's Birthplace: Talbot Co Md

Mother's Maiden Name: Annie Thomas | Mother's Birthplace: Dorchester Co Md

Name of person giving information: Theodore Bantow | How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis | How long: 2 years

Immediate: Exhaustion | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph A Ross M D

Address: Trappe, Talbot Co Md

Accident or Suicide?

LIBRARY BUREAU A695 1 6

Name in Full: Gertrude Brice

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Easton — County: Talbot

Date of death: 1904 — Month: April — Day: 26 — Age: Years: 15 — Months: — Days: —

Sex: Female — Color or Race: Col — Birthplace: near Easton

Occupation: — Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband: —

Father's Name: Joseph Brice — Father's Birthplace: near Easton

Mother's Maiden Name: Amie Brice — Mother's Birthplace: Irongate

Name of person giving Imformation: Asbury Webb. 10 — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis following Grippe — How long: 2 months

Immediate: Congestion of Lungs — How long: after days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. R. Tippe

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A8901S

Name in Full: Ellen Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Easton — County: Talbot

Date of death: Month: Oct — Day: 19th — 1904

Age: Years: 58 — Months: — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Talbot Co. Md

Occupation: Housekeeper — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Husband: Wm Brown

Father's Name: John Atkinson — Father's Birthplace: Talbot Co. Md

Mother's Maiden Name: Caroline Gibson — Mother's Birthplace: Talbot Co. Md

Name of person giving Imformation: Wm Jenkins — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Nephritis — Bright's — How long: 10 days

Immediate: Uremia — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Julius A. Johnson

Address: Easton Maryland

Accident or Suicide?

LIBRARY BUREAU AB8016

Name in Full: Lemuel Clark

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Easton — County: Talbot

Date of death: Month: April — Day: 2nd — Years: Age 80 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Delaware

Occupation: Farmer — Where Residing if not at place of death: Caroline Co Md

Married, Single or Widowed: Widower — Name of Wife or Husband: Louisa Clark

Father's Name: — — Father's Birthplace

Mother's Maiden Name: 120 — Mother's Birthplace

Name of person giving Information: Frank Hubbard — How related to deceased: Son in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease — How long: 2 yrs

Immediate: Heart-failure — How long: 24 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Julius A. Johnson

Address: Easton Md

~~Accident or Suicide~~?

LIBRARY BUREAU A63016

Name in Full: William Floyd

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Twin Creek; County: Talbot

Date of death: 1904; Month: 4th; Day: 10th; Age: Years: 63; Months: —; Days: —

Sex: Male; Color or Race: Colored; Birthplace: Talbot Co Md

Occupation: None; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Daniel Floyd; Father's Birthplace: Talbot Co Md

Mother's Maiden Name: Mary Ellen [illegible]; Mother's Birthplace: Talbot Co Md

Name of person giving Imformation: Wm H. Robinson; How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis; How long: 2 years

Immediate: Meningitis & Exhaustion; How long: one week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Julius A. Johnson

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name In Full

William Earl Fluharty

Certificate of Death

Died at Town: Easton Dist. County: Talbot MARYLAND

Date 1904. Month: Apr. Day: 16

Age Y. 8 M. 2 D.

Native of: Talbot

Occupation: Drft.

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / Widower | ~~Divorced~~ / ~~Number of children living~~

~~Husband~~ / Wife of

Father's Name: Geo. W. Fluharty

Mother's Maiden Name: Lizzie R. Frampton

90

Cause of Death:

- Primary: Capillary Bronchitis — How long sick: 3 mo
- Immediate: Failure Heart.

~~Accident, Suicide, Homicide~~

Reported by: Joseph S. Gannam M.D

Address: Easton. Md.

Must be signed by physician, if any in attendance, otherwise by coronar, undartaker or minister.

LIBRARY BUREAU, 79884

Name in Full: John H. Gates.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: St. Michaels — County: Talbot

Date of death 1904 — Month: April. — Day: 11th — Age — Years: 54. — Months: 9 — Days: 22

Sex: Male. — Color or Race: African — Birthplace: Miles River Md.

Occupation: Oysterman — Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~ — Name of Wife or ~~Husband~~: Henrietta Gates

Father's Name: Isaac Gates — Father's Birthplace: Miles River Md.

Mother's Maiden Name: Not Known. — Mother's Birthplace: Not Known

Name of person giving Information: Henrietta Gates (Wife) — How related to deceased: Wife.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis. — How long: 4. Years

Immediate: Paralysis of Respiration, Asphyxia — How long: 3 Days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: F. Mc. Eccles. M.D.

Address: St. Michaels Md.

Accident or Suicide?

LIBRARY BUREAU ABBSTO

Name in Full — Certificate of Death

Joshua Harrison

Died at Town: Bozman — County: Talbot, MARYLAND

Date 1904 Month: Apr. Day: 22 | Age Y. 81 M. 4 D. 20 | Native of: Md | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widower ~~Widow~~ ~~Divorced~~ | Number of children living 4

Husband of ~~Wife~~ Hesbr R. Harrison

Father's Name Benjamin Harrison | Mother's Maiden Name Rebecca McQuay

Cause of Death: Primary Heart-Failure — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Dr. J. B. Lee

Address St. Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Mamie Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: McDaniel — County: Talbot

Date of death 1904 — Month: April — Day: 19 — Age — Years: 21 — Months: — Days: —

Sex: Female — Color or Race: Black — Birthplace: McDaniel Md

Married, Single or Widowed: married — Occupation: House-wife

Name of Wife or Husband: Herman Johnson

Father's Name: Wm. T. Adams — Father's Birthplace: McDaniel Md

Mother's Maiden Name: Sarah H. Drake — Mother's Birthplace: McDaniel Md

Name of person giving information: Sarah H. Adams — How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: about 1 yr.

Immediate: Asthenia — How long: 2 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. B. Blakesock

Address: St. Michaels Md

Accident or Suicide?

LIBRARY BUREAU

Name In Full

Certificate of Death

Sarah Ann Leonard

Died et Town: Trappe County: Talbot MARYLAND

Date 19 0 X	Month: April	Day: 16	Age: Y. 78 M. 2 D. 4	Native of: Talbot	Occupation: None

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husband of Wife

Father's Name: Wm Horney

Mother's Maiden Name: Frances Horney

Cause of Death:
- Primary: Blood Clot on Brain — How long sick 12 hrs
- Immediete: Shock (following injury) — Accident, ~~Suicide, Homicide~~

Reported by: Wm S. Seymour

Address: Trappe Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Mrs Elizabeth Moshal

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Glus House — County: Talbot

Date of death 1904: Month: April — Day: 30th — Years: Age 89 — Months — Days —

Sex: Female — Color or Race: White — Birthplace: Caroline Co., Md.

Married, Single or Widowed: Widowed — Occupation: —

Name of Wife or Husband: James Moshal

Father's Name: Charles Gibson — Father's Birthplace: Doesn't Know

Mother's Maiden Name: Doesn't Know — Mother's Birthplace: Doesn't Know

Name of person giving information: John Desmukes — How related to deceased: Son in Law.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Asthenia — How long: about 2 weeks

Immediate: Cardiac Asthenia — How long: 24 hrs.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. P. L. Travers

Address: Easton, Md

Accident or Suicide? —

LIBRARY BUREAU A38316

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Mrs Sophia Merrine

Died at: Town: Near St Michaels — County: Talbot

Date of death 190 4: Month: Apr — Day: 10 — Age: Years: 73 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Philadelphia

Married, Single or Widowed: married — Occupation: Domestic

Name of Wife or Husband: Washington Merrine

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving In formation: Harry Merrine — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Heart Disease — How long: about one year

Immediate: Asthenia — How long: 6 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: N. B. Glascock

Address: St. Michaels Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Catherine Pratt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Easton; County: Talbot

Date of death: 1904; Month: April; Day: 27; Age: Years: 70; Months: 0; Days: 3

Sex: Female; Color or Race: White; Birthplace: Maryland

Occupation: Lady; Where Residing if not at place of death: Easton

Married, Single or Widowed: Widowed; ~~Name of Wife or~~ Husband: Alcade Pratt

Father's Name: Edward Rae; Father's Birthplace: Md

Mother's Maiden Name: 94; Mother's Birthplace: Md

Name of person giving Imformation: Edward H. Rae; How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age; How long: ×

Immediate: Hemorrhage from lungs; How long: 10 Minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. R. Tippe

Address: Easton Md

~~Accident or Suicide~~?

LIBRARY BUREAU A88818

Name in Full: Martha Sherwood

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Easton — County: Talbot

Date of death: 1904 — Month: April — Day: 29 — Age: Years: 40 — Months: — — Days: —

Sex: Female — Color or Race: Negro — Birthplace: Trappe

Occupation: Wash woman — Where Residing if not at place of death: Easton Md

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: Floyd Sherwood

Father's Name: John Stanton — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Ernest Smith — How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: one yr.

Immediate: Et Causa — How long: Few hrs.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. F. Davidson

Address: Easton, Md.

Accident or Suicide?

LIBRARY BUREAU A888-16

Name in Full: Caleb F. Stanfield

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Deep neck — County: Talbot

Date of death 190 4 — Month: Apr — Day: 27 — Age: Years 76 — Months — Days —

Sex: Male. — Color or Race: White — Birthplace: Talbot Co

Married, Single or Widowed: married — Occupation: Farmer

Name of Wife or Husband: Maggie Stanfield

Father's Name: Caleb Stanfield — Father's Birthplace: Talbot

Mother's Maiden Neme: Maggie Kurtz 93 — Mother's Birthplace: Balto

Name of person giving In formation: Chas Stanfield — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 6 wks

Immediete: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Samuel E Tribbitt

Address: Royal Oak, Md

Accident or Suicide?

LIBRARY BUREAU AJ9516

Name in Full Mary E. Stowed

Certificate of Death

Died at Town Longwood County Talbot MARYLAND

Date 1904 Month April Day 4 | Age Y. 69 M. - D. - | Native of Del | Occupation Lady

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | Divorced | Number of children living

Husband of Wife Edward Stowd

Father's Name Henry T Reynolds | Mother's Maiden Name Hester A. Young

Cause of Death — Primary: Heart disease | How long sick: a few days

Cause of Death — Immediate: Heart failure | Accident, Suicide, Homicide

Reported by E. R. Hupfe

Address Easton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Frances Ann Young -

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Trappe — County: Talbot

Date of death 1904 — Month: 4 — Day: 19 — Age — Years: 53 — Months: — — Days: —

Sex: Female — Color or Race: Negro — Birthplace: Queen Anne Co. Md

Married, Single or Widowed: Widow. — Occupation: Servant

Name of Wife or Husband: ——————

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry Tilson — 64 — Father's Birthplace: Dorchester Co Md

Mother's Maiden Name: Nancy —— — Mother's Birthplace: ——

Name of person giving In formation: Spencer Young — How related to deceased: Son.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Left Hemiplegia. — How long: 3 weeks -

Immediate: Second stroke — How long: 48 hours -

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph A Ross M D

Address: Trappe, Talbot Co, Md

Accident or Suicide?

LIBRARY BUREAU A88316